INTERACTIVE LOGIC MODELS: using design and technology to explore the effects of dynamic situations on program logic

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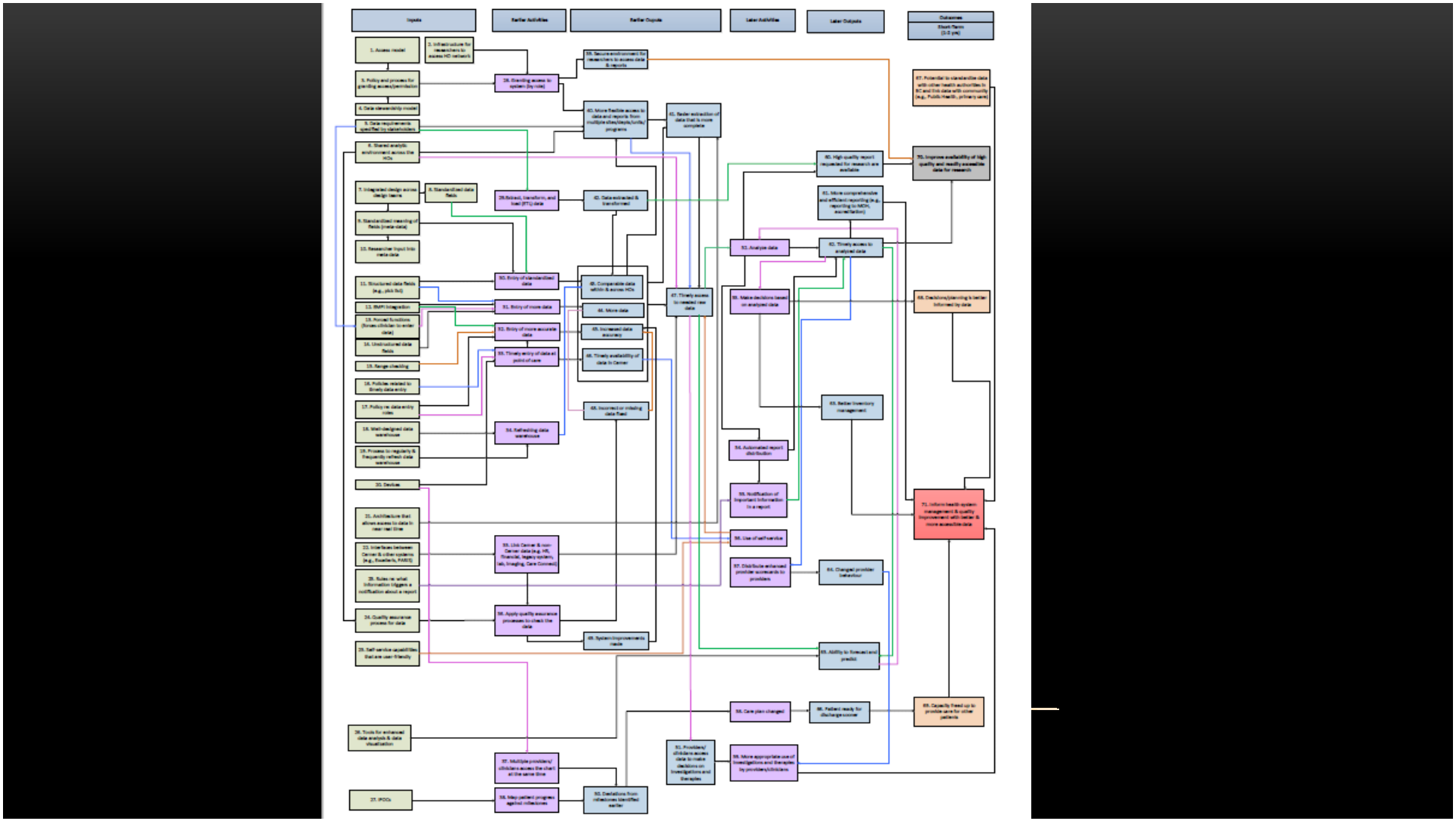
How we came up with this idea...


Inputs
Earlier Activities
Earlier Outputs
Later Activities
Later Outputs
Outcomes
Short-Term
(1-3 yrs)
1. Access model
2. Infrastructure for researchers to access HC network
3. Policy and process for granting access/permission
4. Data stewardship model
5. Data requirements specified by stakeholders
6. Shared analytic environment across the HCs
7. Integrated design across design teams
8. Standardized data fields
9. Standardized meaning of fields (meta-data)
10. Researcher input into meta-data
11. Structured data fields (e.g., pick list)
12. EMPI integration
13. Forced functions (forces clinician to enter data)
14. Unstructured data fields
15. Range checking
16. Policies related to timely data entry
17. Policy re: data entry rules
18. Well-designed data warehouse
19. Process to regularly & frequently refresh data warehouse
20. Devices
21. Architecture that allows access to data in near real time
22. Interfaces between Cerner & other systems (e.g., Excelleris, PARIS)
23. Rules re: what information triggers a notification about a report
24. Quality assurance process for data
25. Self service capabilities that are user-friendly
26. Tools for enhanced data analysis & data visualization
27. IPOCs
28. Granting access to system (by role)
29. Extract, transform, and load (ETL) data
30. Entry of standardized data
31. Entry of more data
32. Entry of more accurate data
33. Timely entry of data at point of care
34. Refreshing data warehouse
35. Link Cerner & non-Cerner data (e.g. HR, financial, legacy system, lab, imaging, Care Connect)
36. Apply quality assurance processes to check the data
37. Multiple providers/ clinicians access the chart at the same time
38. Map patient progress against milestones
39. Secure environment for researchers to access data & reports
40. More flexible access to data and reports from multiple sites/depts/units/ programs
41. Easier extraction of data that is more complete
42. Data extracted & transformed
43. Comparable data within & across HCs
44. More data
45. Increased data accuracy
46. Timely availability of data in Cerner
47. Timely access to needed raw data
48. Incorrect or missing data fixed
49. System improvements made
50. High quality report requested for research are available
51. More comprehensive and efficient reporting (e.g., reporting to MOH, accreditation)
52. Analyze data
53. Timely access to analyzed data
54. Automated report distribution
55. Notification of important information in a report
56. Use of self-service
57. Distribute enhanced provider scorecards to providers
58. Make decisions based on analyzed data
59. Better inventory management
60. Changed provider behaviour
61. Ability to forecast and predict
62. Care plan changed
63. Patient ready for discharge sooner
64. Providers/ clinicians access data to make decisions on investigations and therapies
65. More appropriate use of investigations and therapies by providers/clinicians
66. Deviations from milestones identified earlier
67. Potential to standardize data with other health authorities in BC and link data with community (e.g., Public Health, primary care)
68. Decisions/planning is better informed by data
69. Capacity freed up to provide care for other patients
70. Improve availability of high quality and readily accessible data for research
71. Inform health system management & quality improvement with better & more accessible data

HOME

Show Contents

Contents

Village health promotion program DoView®

DoView.com
Outcomes Modeling
Software

Increased production of nutritious, locally produced organic food in the village

Different groups in the village collaborate and support health promotion

Increased opportunity for physical activity as part of normal life

Village members more motivated to eat well and exercise

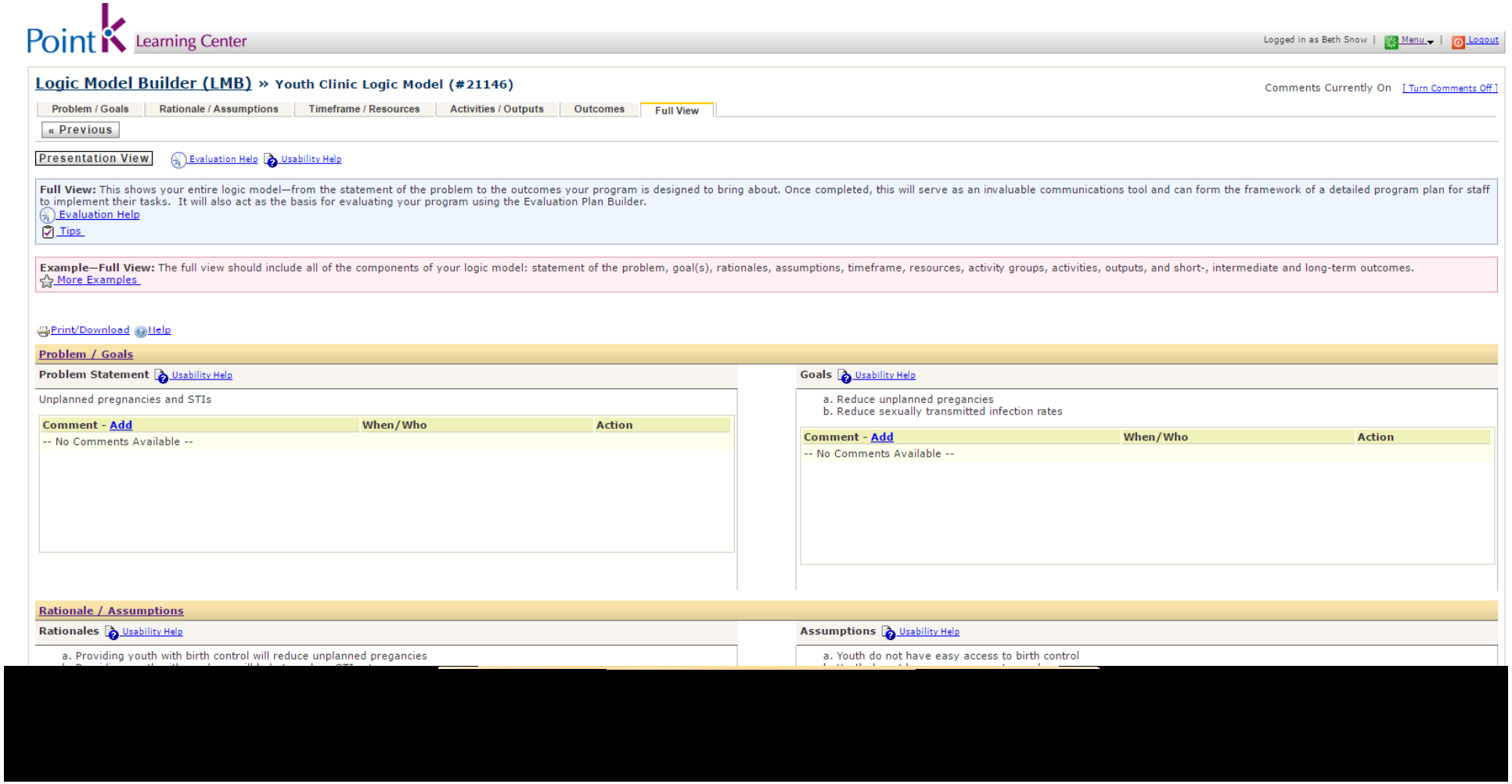
Three village schools become Health Promoting Schools

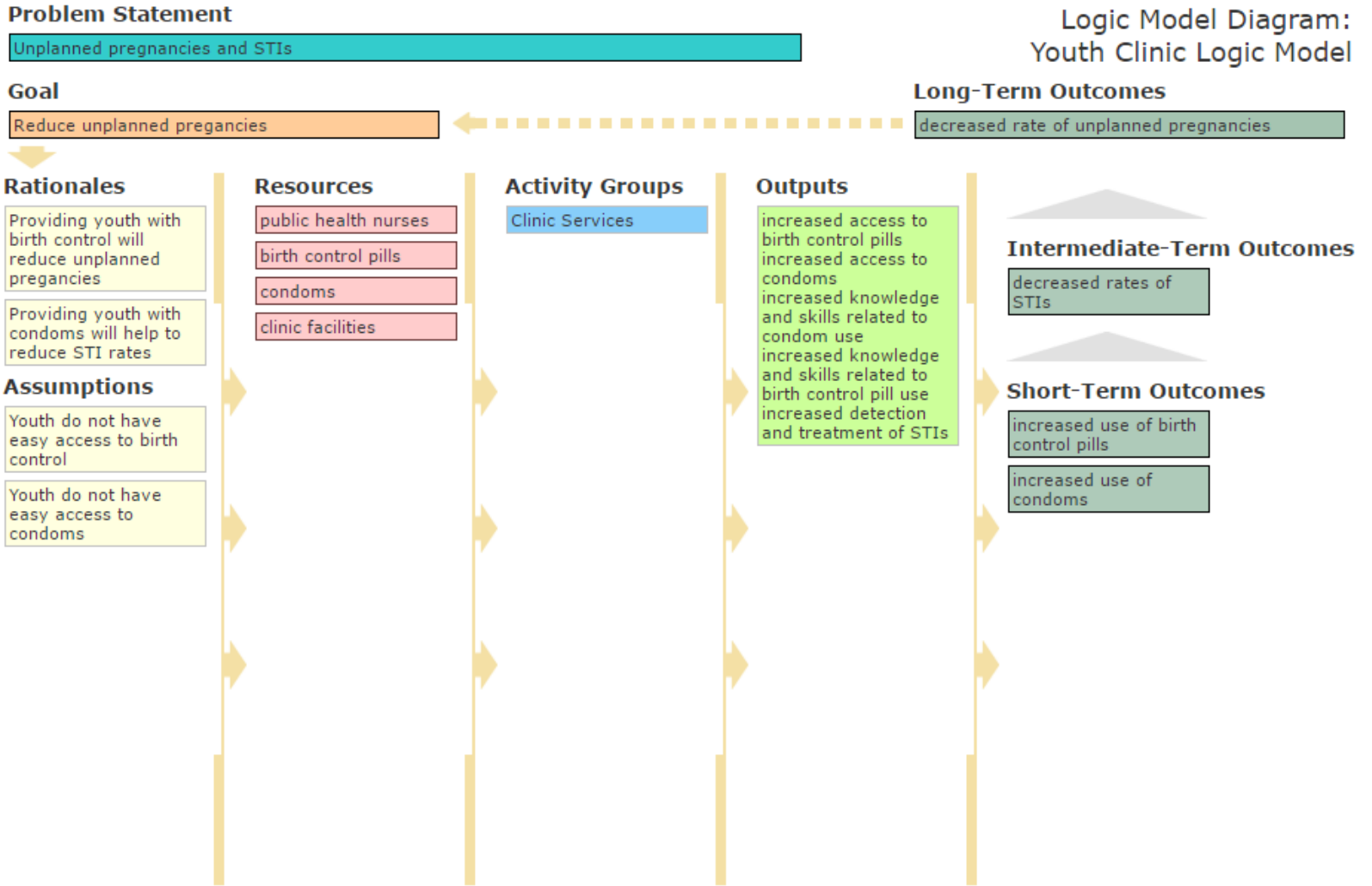
More consumption of local fruits and vegetables in the village

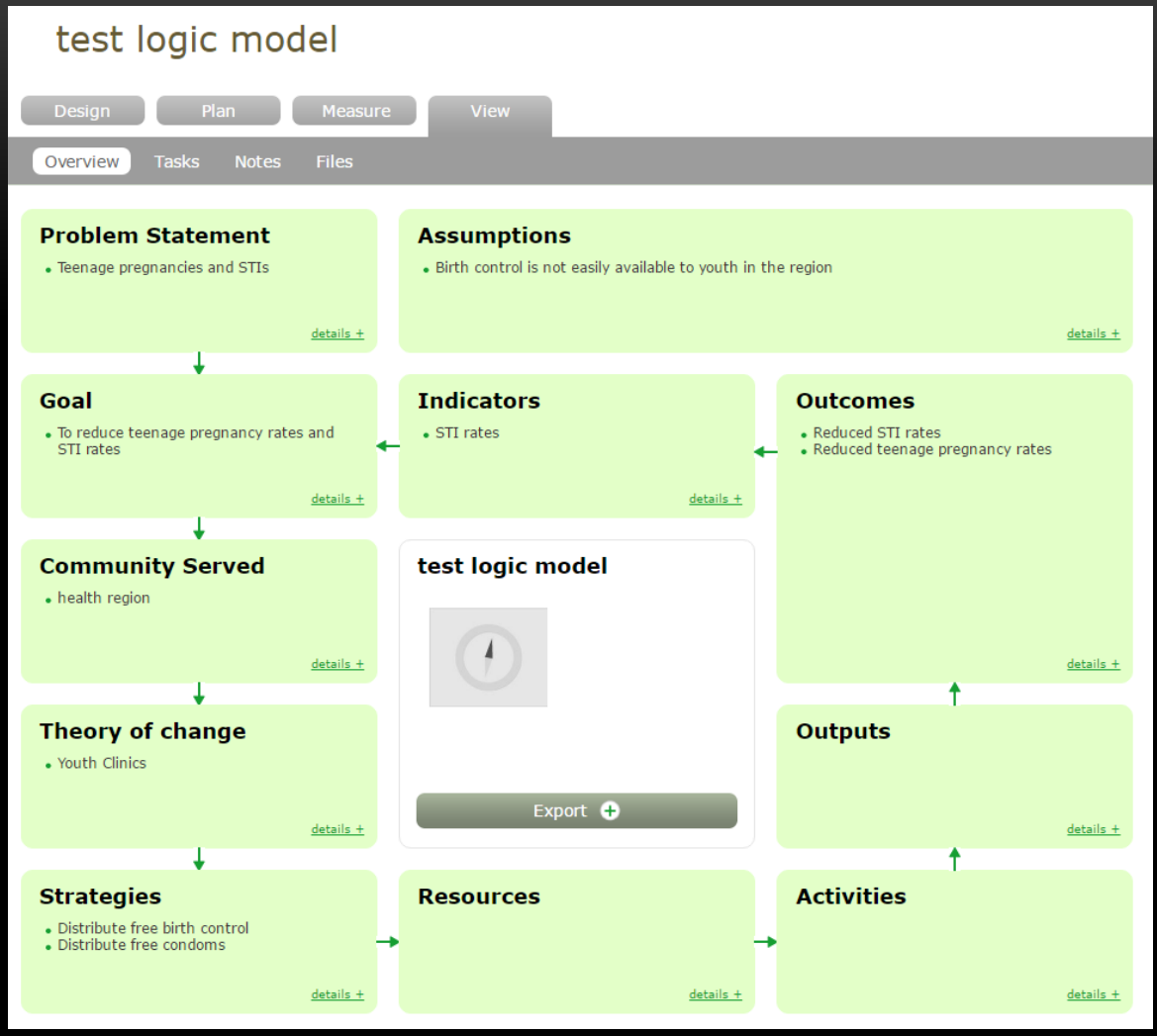
Village members take part in Increased regular physical activity

doview.com model

Free to use if sourced to: 'Based on DoView software outcomes model template DoView.com/doviews/t/village-health-promotion-74.html developed by Dr Paul Duignan © 2013'


Point k Learning Center
Logged in as Beth Snow | Menu | Logout
Logic Model Builder (LMB) » Youth Clinic Logic Model (#21146)
Comments Currently On [Turn Comments Off]
Problem / Goals
Rationale / Assumptions
Timeframe / Resources
Activities / Outputs
Outcomes
Full View
« Previous
Presentation View
Evaluation Help
Usability Help
Full View: This shows your entire logic model—from the statement of the problem to the outcomes your program is designed to bring about. Once completed, this will serve as an invaluable communications tool and can form the framework of a detailed program plan for staff to implement their tasks. It will also act as the basis for evaluating your program using the Evaluation Plan Builder.
Evaluation Help
Tips
Example—Full View: The full view should include all of the components of your logic model: statement of the problem, goal(s), rationales, assumptions, timeframe, resources, activity groups, activities, outputs, and short-, intermediate and long-term outcomes.
More Examples
Print/Download
Help
Problem / Goals
Problem Statement
Usability Help
Unplanned pregnancies and STIs
Comment - Add
When/Who
Action
-- No Comments Available --
Goals
Usability Help
a. Reduce unplanned pregancies
b. Reduce sexually transmitted infection rates
Comment - Add
When/Who
Action
-- No Comments Available --
Rationale / Assumptions
Rationales
Usability Help
a. Providing youth with birth control will reduce unplanned pregancies
Assumptions
Usability Help
a. Youth do not have easy access to birth control


Problem Statement
Unplanned pregnancies and STIs
Logic Model Diagram:
Youth Clinic Logic Model
Goal
Reduce unplanned pregancies
Long-Term Outcomes
decreased rate of unplanned pregnancies
Rationales
Providing youth with birth control will reduce unplanned pregancies
Providing youth with condoms will help to reduce STI rates
Assumptions
Youth do not have easy access to birth control
Youth do not have easy access to condoms
Resources
public health nurses
birth control pills
condoms
clinic facilities
Activity Groups
Clinic Services
Outputs
increased access to birth control pills
increased access to condoms
increased knowledge and skills related to condom use
increased knowledge and skills related to birth control pill use
increased detection and treatment of STIs
Intermediate-Term Outcomes
decreased rates of STIs
Short-Term Outcomes
increased use of birth control pills
increased use of condoms


test logic model
Design
Plan
Measure
View
Overview
Tasks
Notes
Files
Problem Statement
Teenage pregnancies and STIs
details +
Assumptions
Birth control is not easily available to youth in the region
details +
Goal
To reduce teenage pregnancy rates and STI rates
details +
Indicators
STI rates
details +
Outcomes
Reduced STI rates
Reduced teenage pregnancy rates
details +
Community Served
health region
details +
test logic model
Export
Theory of change
Youth Clinics
details +
Outputs
details +
Strategies
Distribute free birth control
Distribute free condoms
details +
Resources
details +
Activities
details +

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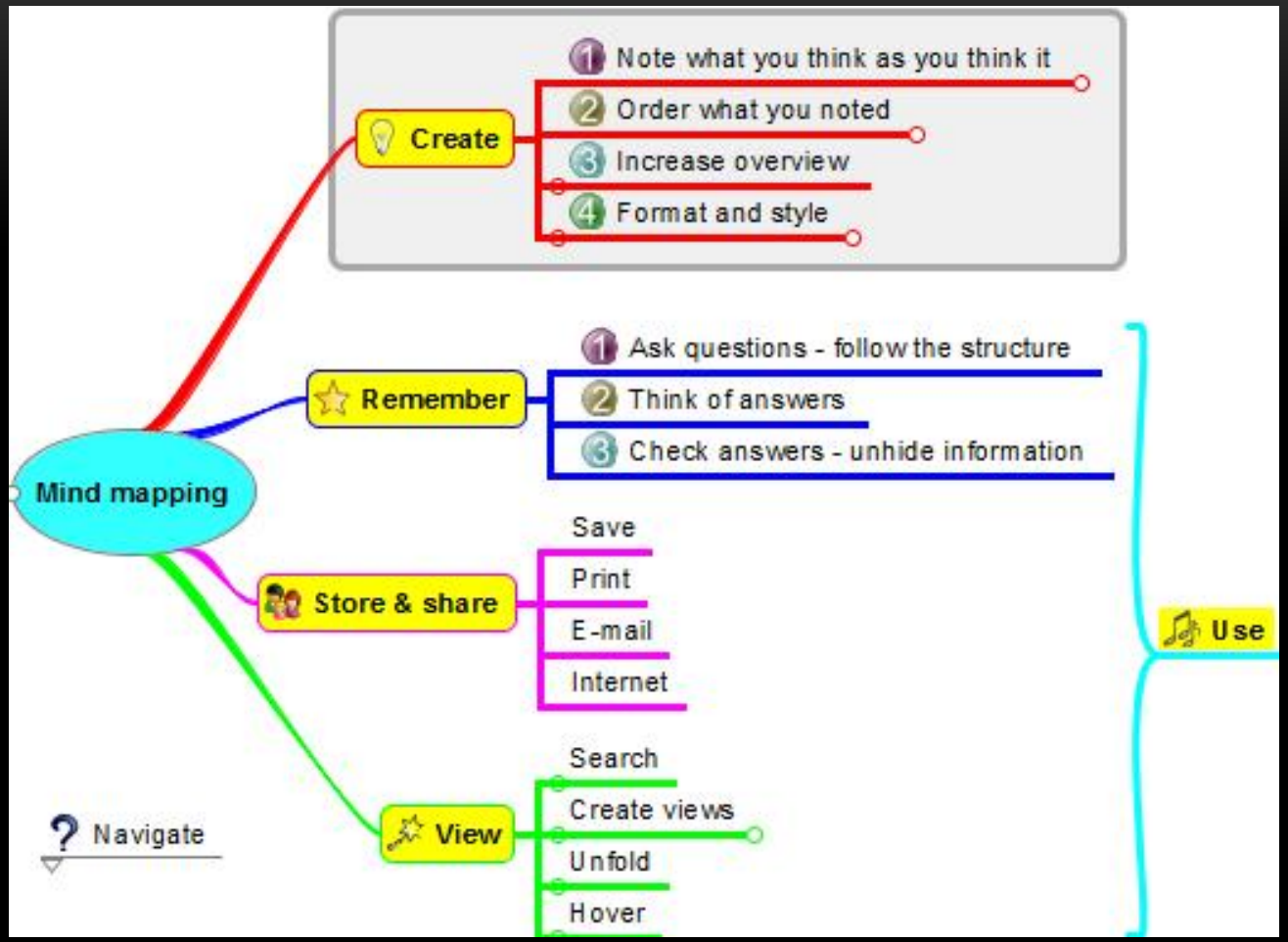

Mind mapping
Create
1 Note what you think as you think it
2 Order what you noted
3 Increase overview
4 Format and style
Remember
1 Ask questions - follow the structure
2 Think of answers
3 Check answers - unhide information
Store & share
Save
Print
E-mail
Internet
View
Search
Create views
Unfold
Hover
Navigate
Use

- TAKE A SCREEN CAST OF ME USING FREE PLANE TO SHOW HIDE/REVEAL

New Resource: Clearing the fog: new tools for improving the credibility of impact claims

This IIED Briefing Paper shows that the methods of process tracing and Bayesian updating can facilitate a dialogue between theory and evidence that allows for the assessing of the degree of confidence in 'contribution claims' in a transparent and replicable way. Read it here.

New Resource: Theory Maker

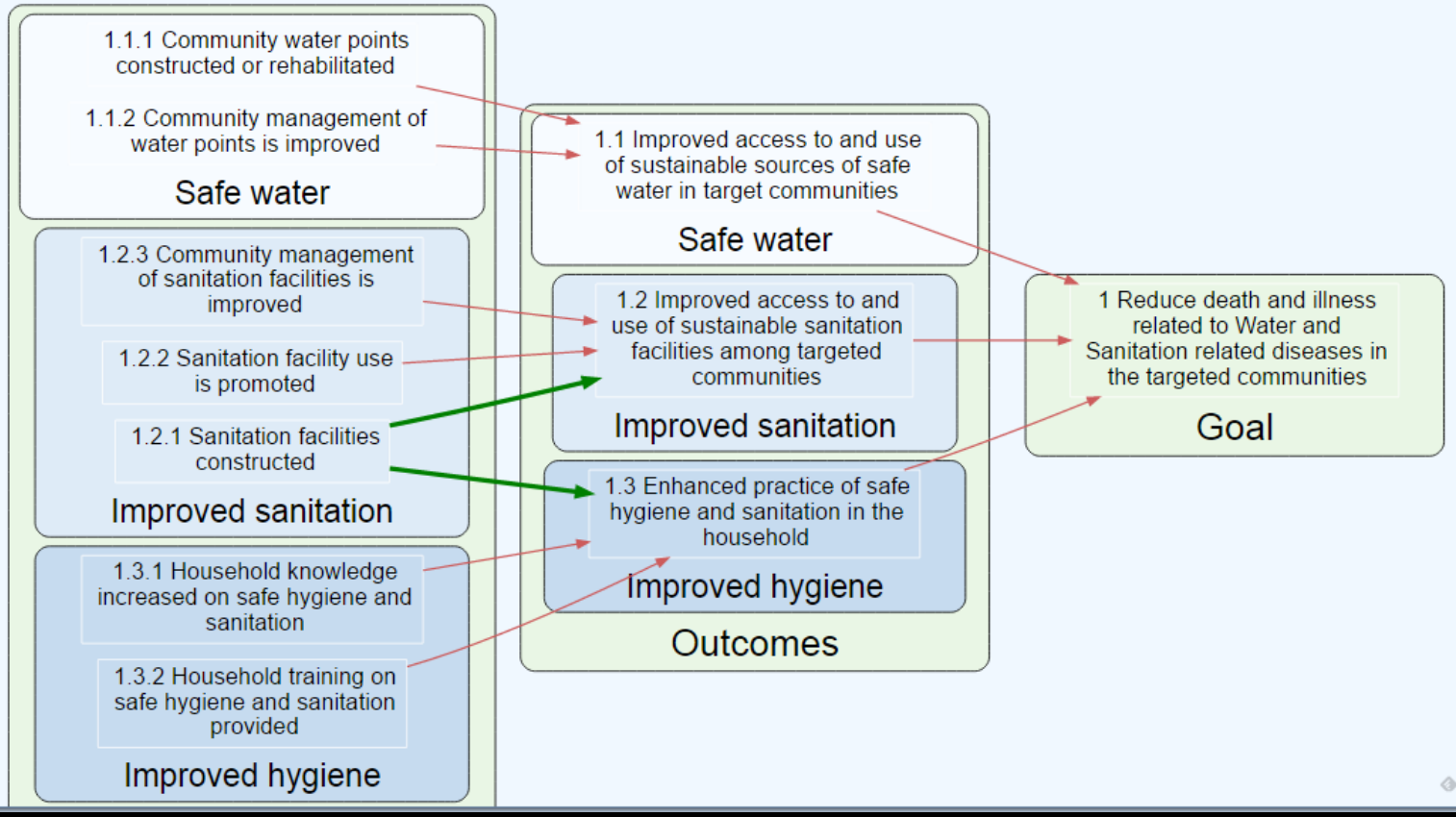
Theory Maker is a free and open source online tool for mapping out program theory. For more information on creating logic models and some other tools and methods, you can also have a read of Patricia Rogers' blog, Q&A about drawing logic models.

Upcoming events

Visit our Events Page to find upcoming workshops in May and June with the Australasian Evaluation Society. Or hop online and register for the third and final Blue Marble Evaluators webinar on May the 18th (free).

Previous example | Next example

Logframe - one output has multiple outcomes



```
--Goal
1  Reduce death and illness related to Water and Sanitation related di

--Outcomes

---Safe water
1.1 Improved access to and use of sustainable sources of safe water in

---Improved sanitation
1.2 Improved access to and use of sustainable sanitation facilities am

---Improved hygiene
1.3 Enhanced practice of safe hygiene and sanitation in the household


--Outputs

---Safe water
1.1.1 Community water points constructed or rehabilitated
1.1.2 Community management of water points is improved

---Improved sanitation
1.2.1 Sanitation facilities constructed >> 1.3
1.2.2 Sanitation facility use is promoted
1.2.3 Community management of sanitation facilities is improved

---Improved hygiene
1.3.1 Household knowledge increased on safe hygiene and sanitation
1.3.2 Household training on safe hygiene and sanitation provided

boxcolour=blue1 only Safe water
boxcolour=blue2 only Improved sanitation
boxcolour=blue3 only Improved hygiene
arrowcolour=green only 1.2.1
arrowwidth=4 only 1.2.1
proportion=.6
```

Paul Duignan, PhD
International outcomes specialist

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How do linear models address the complexity in which we work?

Mar 23, 2016 | 853 views | 15 Likes | 3 Comments

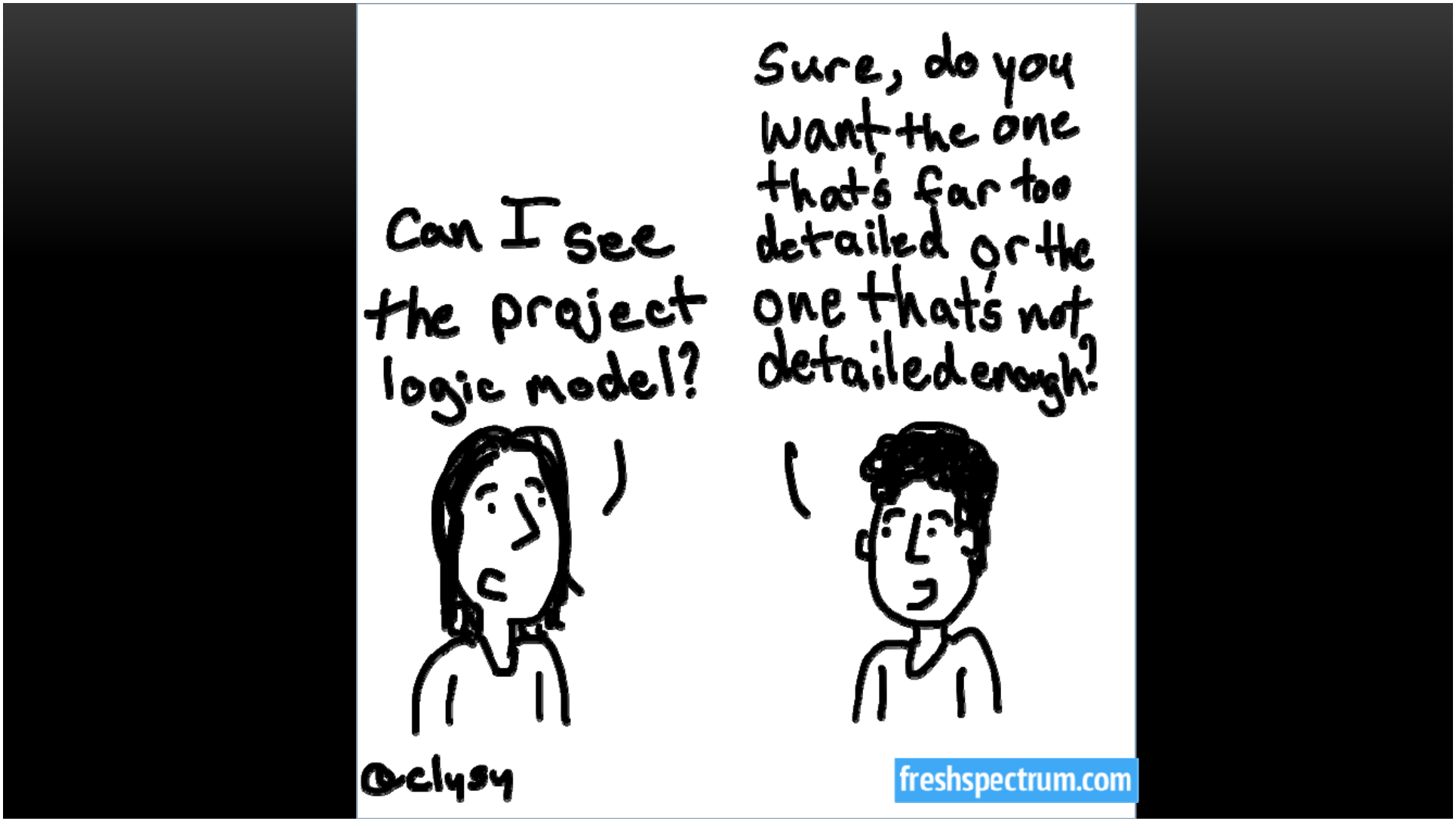
Ask The Outcomes Guru™ - 'No outcomes question too simple or too hard'

Question

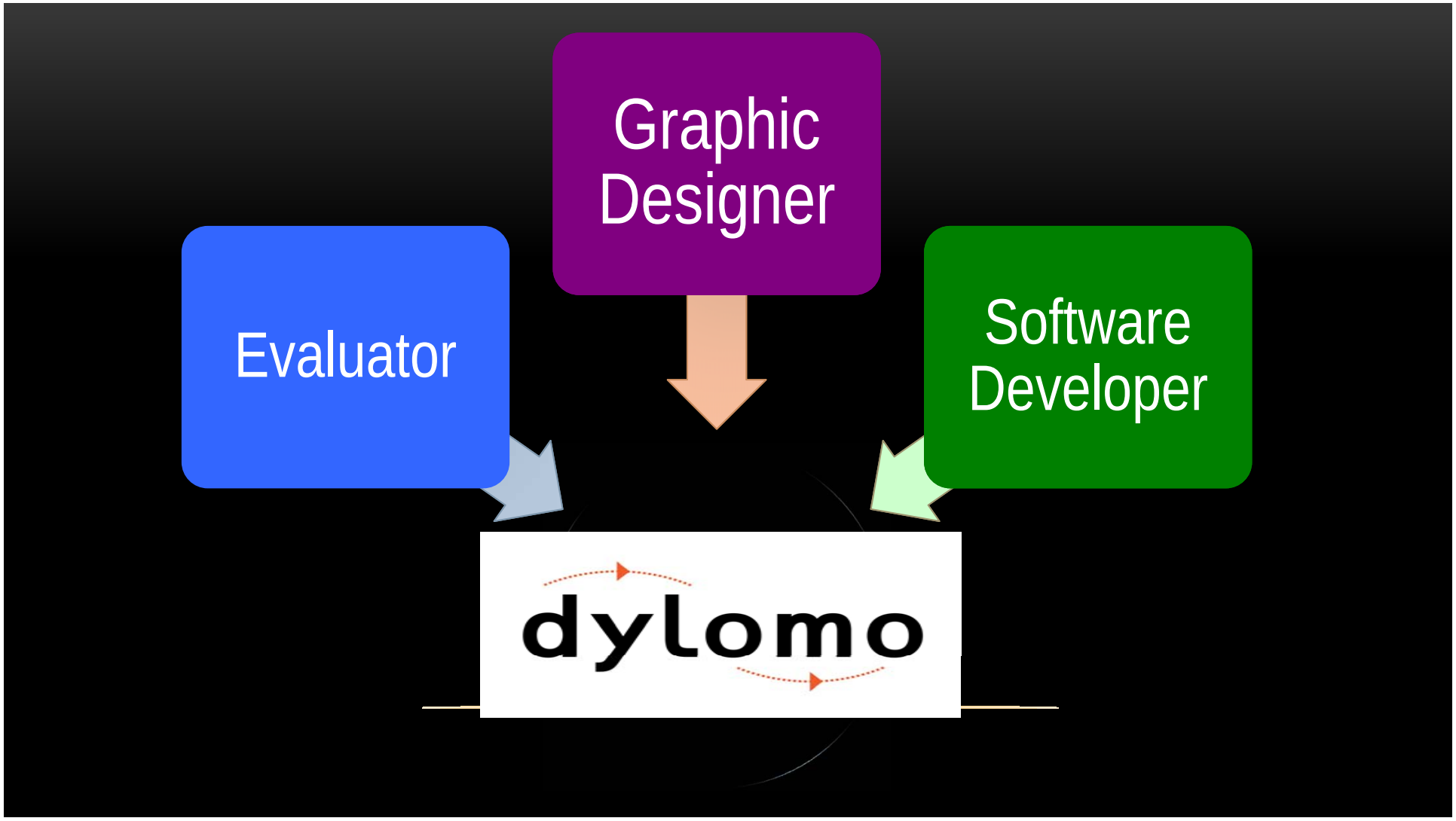
M&E and capacity building specialist Lesley Williams (Linkedin Profile) asks:

How do linear models address the complexity in which we work?

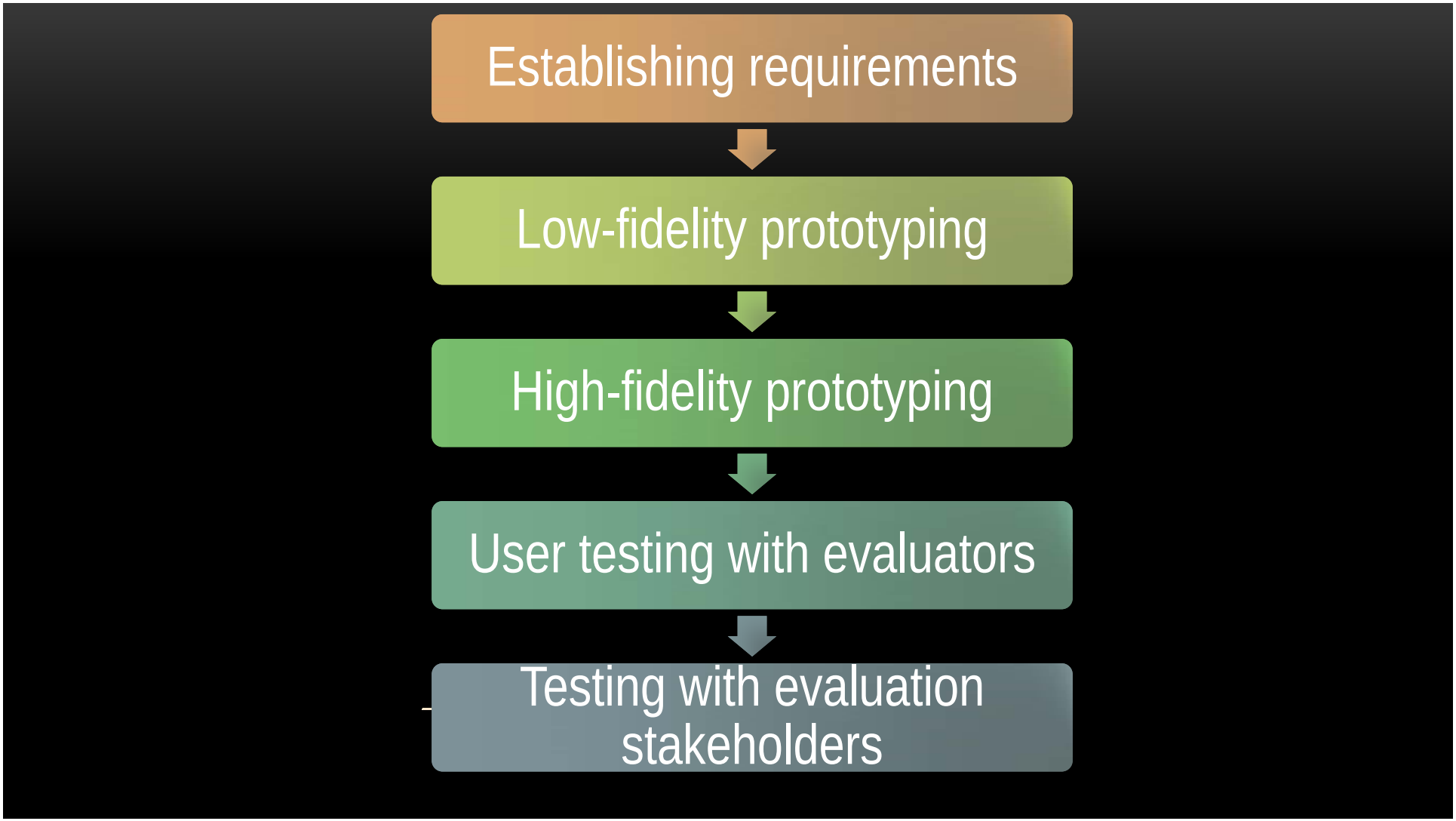
Answer


Can I see the project logic model?
Sure, do you want the one that's far too detailed or the one that's not detailed enough?
@clysy
freshspectrum.com

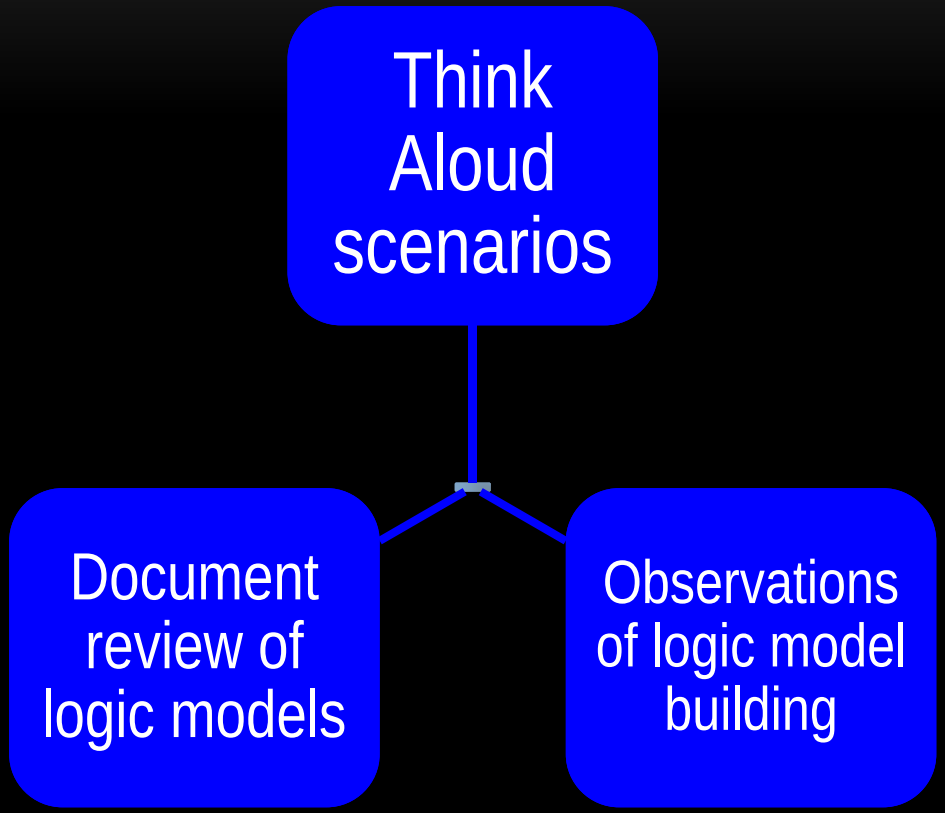
Developing the tool


Graphic Designer
Evaluator
Software Developer
dylomo

- DYnamic
- LOgic
- MOdels


Establishing requirements
Low-fidelity prototyping
High-fidelity prototyping
User testing with evaluators
Testing with evaluation stakeholders

Establishing requirements



Requirements for Dylomo v. 1

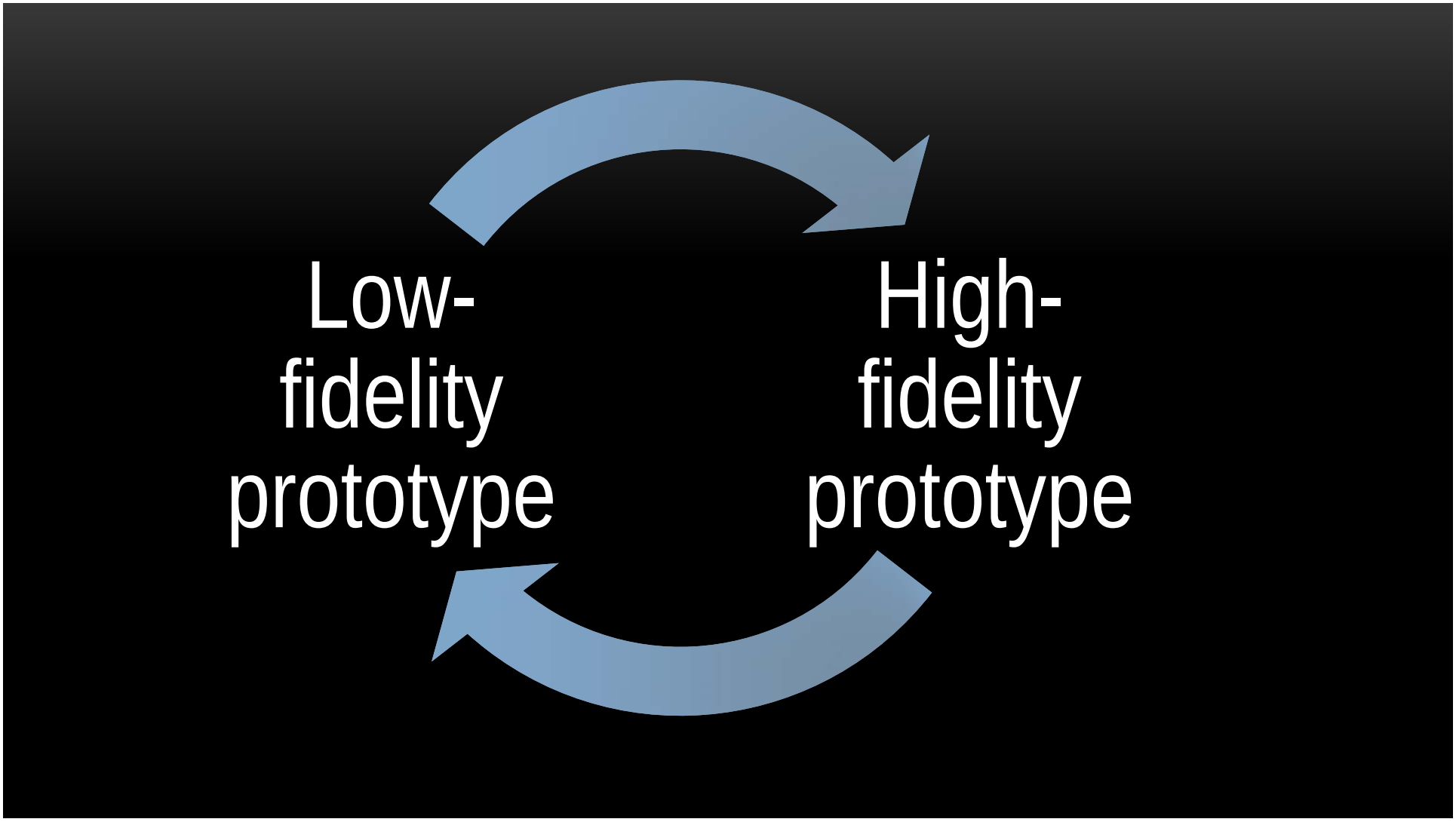
Includes elements of a logic model

Includes relationships among elements

Focus on pathways of logic

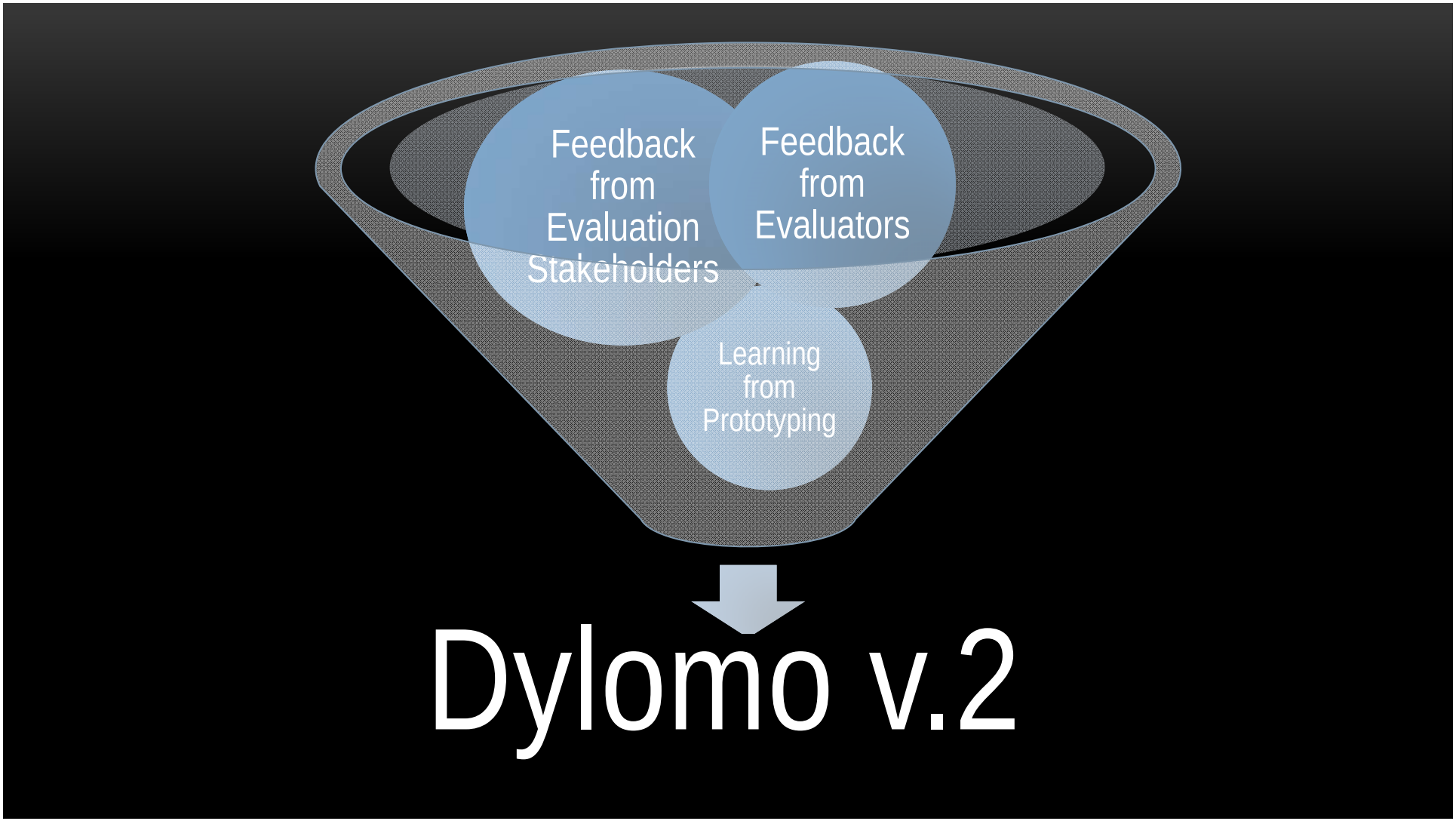
But without losing the overall context of the model

A way to visualize what would be lost if an element is removed


Low-fidelity prototype
High-fidelity prototype

User Testing

- Canadian Evaluation Society conference
- Evaluation Working Group


Feedback from Evaluation Stakeholders
Feedback from Evaluators
Learning from Prototyping
Dylomo v.2

dylomo.com

This software is available for free at:

www.dylomo.com

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